

Fill in this information to identify your case:

United States Bankruptcy Court for the:

District of Minnesota

Case number (If known): _____ Chapter you are filing under:

- ☐ Chapter 7
☐ Chapter 11
☐ Chapter 12
☒ Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

About Debtor 1:

Tyna

First name

Frances

Middle name

Williams

Last name

 Suffix (Sr., Jr, II, III)

About Debtor 2 (Spouse Only in a Joint Case):

 First name

 Middle name

 Last name

 Suffix (Sr., Jr, II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

 First name

 Middle name

 Last name

 Business name (if applicable)

 Business name (if applicable)

 First name

 Middle name

 Last name

 Business name (if applicable)

 Business name (if applicable)

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 1 2 8 4

OR

9xx - xx - ____ ____ ____ ____

xxx - xx - ____ ____ ____ ____

OR

9xx - xx - ____ ____ ____ ____

Debtor 1

Tyna

First Name

Frances

Middle Name

Williams

Last Name

Case number (if known) _____

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

4. Your Employer Identification Number (EIN), if any.

EIN

EIN

EIN

EIN

5. Where you live

2929 Chicago Ave Apt 333

Number Street

Minneapolis, MN 55407-4251

City State ZIP Code

Hennepin

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

If Debtor 2 lives at a different address:

Number Street

City State ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408)

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408)

Debtor 1 Tyna Frances Williams Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Tell the Court About Your Bankruptcy Case

7. **The chapter of the Bankruptcy Code you are choosing to file under** Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☐ Chapter 7
☐ Chapter 11
☐ Chapter 12
☒ Chapter 13

8. **How you will pay the fee** ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. **Have you filed for bankruptcy within the last 8 years?** ☐ No.

☒ Yes. District District of Minnesota When 02/02/2023 Case number 23-40192
 MM / DD / YYYY
 District Northern District of Illinois When _____ Case number 21-00537
 MM / DD / YYYY
 District Northern District of Illinois When _____ Case number 15-22216
 MM / DD / YYYY

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

☒ No.

☐ Yes. Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____
 MM / DD / YYYY

Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____
 MM / DD / YYYY

11. **Do you rent your residence?** ☐ No. Go to line 12.

☒ Yes. Has your landlord obtained an eviction judgment against you?

☒ No. Go to line 12.

☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 Tyna Frances Williams Case number (if known) _____
 First Name Middle Name Last Name

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

- ☒ No. Go to Part 4.
☐ Yes. Name and location of business

 Name of business, if any

 Number Street

 City State ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- ☒ No. I am not filing under Chapter 11.
☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.
☐ Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Debtor 1 Tyna Frances Williams Case number (if known) _____
First Name Middle Name Last Name

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?



No.



Yes. What is the hazard?

If immediate attention is needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

Number Street

City State ZIP Code

| | | | | |
|----------|-------------|----------------|-----------------|------------------------------|
| Debtor 1 | <u>Tyna</u> | <u>Frances</u> | <u>Williams</u> | Case number (if known) _____ |
| | First Name | Middle Name | Last Name | |

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Tyna Frances Williams Case number (if known) _____
First Name Middle Name Last Name

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?

16a. Are your debts primarily consumer debts? *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.
☒ Yes. Go to line 17.

16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.
☐ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?

- ☒ No. I am not filing under Chapter 7. Go to line 18.
☐ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
☐ No
☐ Yes

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

18. How many creditors do you estimate that you owe?

- ☒ 1-49 ☐ 1,000-5,000 ☐ 25,001-50,000 ☐ 50,000-100,000 ☐ More than 100,000
☐ 50-99 ☐ 5,001-10,000
☐ 100-199 ☐ 10,001-25,000
☐ 200-999

19. How much do you estimate your assets to be worth?

- ☒ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

20. How much do you estimate your liabilities to be?

- ☒ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X s/ Tyna Frances Williams

Tyna Frances Williams, Debtor 1

Executed on 10/17/2023
MM/ DD/ YYYY

Debtor 1

Tyna

First Name

Frances

Middle Name

Williams

Last Name

Case number (if known) _____

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X

s/ Andrew Walker

Signature of Attorney for Debtor

Date 10/17/2023

MM / DD / YYYY

Andrew Walker

Printed name

Walker & Walker Law Offices, PLLC

Firm name

4356 Nicollet Ave

Number Street

Minneapolis

City

MN

State

55409

ZIP Code

Contact phone (612) 824-4357

Email address andrew@bankruptcytruth.com

0392525

Bar number

MN

State

Fill in this information to identify your case and this filing:

| | | | |
|---|------------------|----------------|-----------------|
| Debtor 1 | <u>Tyna</u> | <u>Frances</u> | <u>Williams</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: District of | <u>Minnesota</u> | | |
| Case number | | | |

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2.
☐ Yes. Where is the property?

1.1 _____
 Street address, if available, or other description

 City State ZIP Code

 County

What is the property? Check all that apply.

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? _____

Current value of the portion you own? _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here



\$0.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
☒ Yes

Debtor **Williams, Tyna Frances**

Case number (if known) _____

- 3.1 Make: _____ **Who has an interest in the property?** Check one.
- Model: _____ ☒ Debtor 1 only
- Year: _____ ☐ Debtor 2 only
- Approximate mileage: _____ ☐ Debtor 1 and Debtor 2 only
- Other information: _____ ☐ At least one of the debtors and another
- ☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$1.00

Current value of the portion you own?

\$1.00

Debtor has no vehicle-uses transit

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
- ☐ Yes

- 4.1 Make: _____ **Who has an interest in the property?** Check one.
- Model: _____ ☐ Debtor 1 only
- Year: _____ ☐ Debtor 2 only
- Other information: _____ ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

5. **Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here**



\$1.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

- ☐ No
- ☒ Yes. Describe.

Usual household goods and furniture

\$3,120.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- ☐ No
- ☒ Yes. Describe.

TV - \$500
TV - \$200
Cellphone - \$100

\$700.00

Debtor **Williams, Tyna Frances**

Case number (if known) _____

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No

☐ Yes. Describe.

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

☐ Yes. Describe.

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No

☐ Yes. Describe.

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.

\$1,700.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.

\$0.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☒ No

☐ Yes. Describe.

14. Any other personal and household items you did not already list, including any health aids you did not list

☒ No

☐ Yes. Give specific information.

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here



\$5,520.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

Debtor Williams, Tyna Frances

Case number (if known) _____

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes Cash: **\$12.00**

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes Institution name:

17.1. Checking account: Checking account with Chime Bank xxx2035 **(\$18.00)**

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☒ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them.....

Issuer name:

Debtor Williams, Tyna Frances

Case number (if known) _____

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No

☐ Yes. List each account separately. Type of account: Institution name:

401(k) or similar plan: _____
Pension plan: _____
IRA: _____
Retirement account: _____
Keogh: _____
Additional account: _____
Additional account: _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☐ No

☒ Yes Institution name or individual:

Security deposit on rental unit: Security Deposit on rental unit \$300.00

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes Issuer name and description:

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

☒ No

☐ Yes. Give specific information about them. ...

Debtor Williams, Tyna Frances

Case number (if known) _____

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them. ...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them. ...

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

☐ No

☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years.

2023 | Estimated 2023 federal income tax refund-debtor owed in 2022

Federal:

\$1.00

2023 | Estimated 2023 MN state income tax refund

State:

\$1.00

Local:

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information.

Alimony:

Maintenance:

Support:

Divorce settlement:

Property settlement:

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☐ No

☒ Yes. Give specific information.

Child Support-back pay. Value listed is monthly amount

Debtor currently receives unemployment. Value listed is monthly

\$1,170.00

Debtor Williams, Tyna Frances

Case number (if known) _____

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☒ No

☐ Yes. Name the insurance company of each policy and list its value. ...

Company name:

Beneficiary:

Surrender or refund value:

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information.

| |
|-------|
| _____ |
|-------|

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim.

| |
|-------|
| _____ |
|-------|

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

☒ No

☐ Yes. Describe each claim.

| |
|-------|
| _____ |
|-------|

35. Any financial assets you did not already list

☒ No

☐ Yes. Give specific information.

| |
|-------|
| _____ |
|-------|

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here →

\$1,466.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

☒ No. Go to Part 6.

☐ Yes. Go to line 38.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

☒ No

☐ Yes. Describe.

| |
|-------|
| _____ |
|-------|

Debtor **Williams, Tyna Frances**

Case number (if known) _____

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☒ No

☐ Yes. Describe.

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

☒ No

☐ Yes. Describe.

41. Inventory

☒ No

☐ Yes. Describe.

42. Interests in partnerships or joint ventures

☒ No

☐ Yes. Describe.

Name of entity:

% of ownership:

43. Customer lists, mailing lists, or other compilations

☒ No

☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?

☐ No

☐ Yes. Describe.

44. Any business-related property you did not already list

☒ No

☐ Yes. Give specific information

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here



\$0.00

Debtor **Williams, Tyna Frances**

Case number (if known) _____

Part 6:

Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

47. **Farm animals**

Examples: Livestock, poultry, farm-raised fish

- ☒ No
☐ Yes

48. **Crops—either growing or harvested**

- ☒ No
☐ Yes. Give specific information.

49. **Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

- ☒ No
☐ Yes

50. **Farm and fishing supplies, chemicals, and feed**

- ☒ No
☐ Yes

51. **Any farm- and commercial fishing-related property you did not already list**

- ☒ No
☐ Yes. Give specific information.

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here



\$0.00

Part 7:

Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- ☒ No
☐ Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here



\$0.00

Debtor Williams, Tyna Frances

Case number (if known) _____

Part 8: List the Totals of Each Part of this Form

| | | | |
|-----|---|--------------------------------|--|
| 55. | Part 1: Total real estate, line 2 | → | <div style="border: 1px solid black; padding: 2px; text-align: right;"><u>\$0.00</u></div> |
| 56. | Part 2: Total vehicles, line 5 | | <div style="border: 1px solid black; padding: 2px; text-align: right;"><u>\$1.00</u></div> |
| 57. | Part 3: Total personal and household items, line 15 | | <div style="border: 1px solid black; padding: 2px; text-align: right;"><u>\$5,520.00</u></div> |
| 58. | Part 4: Total financial assets, line 36 | | <div style="border: 1px solid black; padding: 2px; text-align: right;"><u>\$1,466.00</u></div> |
| 59. | Part 5: Total business-related property, line 45 | | <div style="border: 1px solid black; padding: 2px; text-align: right;"><u>\$0.00</u></div> |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | | <div style="border: 1px solid black; padding: 2px; text-align: right;"><u>\$0.00</u></div> |
| 61. | Part 7: Total other property not listed, line 54 | + | <div style="border: 1px solid black; padding: 2px; text-align: right;"><u>\$0.00</u></div> |
| 62. | Total personal property. Add lines 56 through 61. | | <div style="border: 1px solid black; padding: 2px; text-align: right;"><u>\$6,987.00</u></div> |
| | | Copy personal property total → | <div style="border: 1px solid black; padding: 2px; text-align: right;"><u>+ \$6,987.00</u></div> |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62. | | <div style="border: 1px solid black; padding: 2px; text-align: right;"><u>\$6,987.00</u></div> |

Fill in this information to identify your case:

| | | | |
|---|------------------------------|----------------|-----------------|
| Debtor 1 | <u>Tyna</u> | <u>Frances</u> | <u>Williams</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>District of Minnesota</u> | | |
| Case number (if known) | | | |

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
|---|--|---|------------------------------------|
| Brief description: <u>Debtor has no vehicle-uses transit</u> | <u>\$1.00</u> | <input checked="" type="checkbox"/> <u>\$1.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(2)</u> |
| Line from Schedule A/B: <u>3.1</u> | | | |
| Brief description: <u>Usual household goods and furniture</u> | <u>\$3,120.00</u> | <input checked="" type="checkbox"/> <u>\$3,120.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(3)</u> |
| Line from Schedule A/B: <u>6</u> | | | |

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Debtor 1 Tyna Frances Williams Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
|--|--|--|------------------------------------|
| Brief description: TV - \$500 TV - \$200 Cellphone - \$100 Line from Schedule A/B: <u>7</u> | \$700.00 | <input checked="" type="checkbox"/> \$600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(3) |
| | | <input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5) |
| Brief description: Regular wearing apparel Line from Schedule A/B: <u>11</u> | \$1,700.00 | <input checked="" type="checkbox"/> \$1,700.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(3) |
| Brief description: Debtor has no jewelry Line from Schedule A/B: <u>12</u> | \$0.00 | <input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(4) |
| Brief description: Cash Line from Schedule A/B: <u>16</u> | \$12.00 | <input checked="" type="checkbox"/> \$12.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5) |
| Brief description: Checking account with Chime Bank xxx2035 Checking account Line from Schedule A/B: <u>17</u> | (\$18.00) | <input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5) |
| Brief description: Security Deposit on rental unit Security deposit on rental unit Line from Schedule A/B: <u>22</u> | \$300.00 | <input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5) |
| Brief description: Estimated 2023 federal income tax refund-debtor owed in 2022 Federal tax Line from Schedule A/B: <u>28</u> | \$1.00 | <input checked="" type="checkbox"/> \$1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5) |

Debtor 1 Tyna Frances Williams Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
|---|--|---|---|
| Brief description: Estimated 2023 MN state income tax refund State tax Line from Schedule A/B: <u>28</u> | <u>\$1.00</u> | <input checked="" type="checkbox"/> <u>\$1.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(5)</u> _____ _____ _____ |
| Brief description: Debtor currently receives unemployment. Value listed is monthly Line from Schedule A/B: <u>30</u> | <u>\$1,108.00</u> | <input checked="" type="checkbox"/> <u>\$1,108.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(10)(A)</u> _____ _____ _____ |
| Brief description: Child Support-back pay. Value listed is monthly amount Line from Schedule A/B: <u>30</u> | <u>\$62.00</u> | <input checked="" type="checkbox"/> <u>\$62.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(5)</u> _____ _____ _____ |

☐ Check if this is an amended filing

Debtor 1 Tyna Frances Williams Case number (if known) _____
 First Name Middle Name Last Name

| | Additional Page | Column A | Column B | Column C |
|------------|--|---|------------------------------------|----------|
| Part 1: | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any | |
| 2.2 | <p>After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.</p> <p>Describe the property that secures the claim: _____</p> <p>Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who owes the debt? Check one.</p> <p> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt </p> <p>Date debt was incurred _____ Last 4 digits of account number _____</p> | | | |
| | <p>As of the date you file, the claim is: Check all that apply.</p> <p> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </p> <p>Nature of lien. Check all that apply.</p> <p> <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ </p> | | | |
| | <p>Add the dollar value of your entries in Column A on this page. Write that number here:</p> | \$0.00 | | |
| | <p>If this is the last page of your form, add the dollar value totals from all pages. Write that number here:</p> | \$0.00 | | |

Fill in this information to identify your case:

| | | | |
|--|-------------|----------------|-----------------|
| Debtor 1 | <u>Tyna</u> | <u>Frances</u> | <u>Williams</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: District of <u>Minnesota</u> | | | |
| Case number | | | |
| (if known) | | | |

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| | Total claim | Priority amount | Nonpriority amount |
|--|-------------|-----------------|--------------------|
| 2.1 INTERNAL REVENUE SERVICE | | | |
| Priority Creditor's Name | | | |
| PO BOX 7346 | | | |
| Number Street | | | |
| PHILADELPHIA, PA 19101-7346 | | | |
| City State ZIP Code | | | |
| Who incurred the debt? Check one. | | | |
| <input checked="" type="checkbox"/> Debtor 1 only | | | |
| <input type="checkbox"/> Debtor 2 only | | | |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only | | | |
| <input type="checkbox"/> At least one of the debtors and another | | | |
| <input type="checkbox"/> Check if this claim is for a community debt | | | |
| Is the claim subject to offset? | | | |
| <input checked="" type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes | | | |
| Remarks: 2021 & 2022 | | | |

Last 4 digits of account number

\$4,300.00

\$4,300.00

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify

Debtor 1 Tyna Frances Williams Case number (if known) _____
 First Name Middle Name Last Name

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

| After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. | | | Total claim | Priority amount | Nonpriority amount |
|--|---|---|-------------|-----------------|--------------------|
| 2.2 | MINNESOTA DEPARTMENT OF REVENUE Priority Creditor's Name <u>PO BOX 64447</u> Number Street <u>551 BKCY SECTION</u> <u>ST PAUL, MN 55164</u> City State ZIP Code | Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1.00 | \$1.00 | \$0.00 |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | | |
| 2.3 | WALKER & WALKER LAW OFFICES, PLLC Priority Creditor's Name <u>4356 NICOLLET AVE</u> Number Street <u>MINNEAPOLIS, MN 55409</u> City State ZIP Code | Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$2,988.00 | \$2,988.00 | \$0.00 |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | | |
| Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Attorney Fees</u> | | | | | |

Debtor 1

TynaFrancesWilliams

Case number (if known) _____

First Name

Middle Name

Last Name

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | | Total claim |
|--|---|--|-------------------|
| 4.1 | CEP AMERICA ILLINOIS LLP Nonpriority Creditor's Name <u>PO BOX 51272</u> Number Street <u>C/O WAKEFIELD Y ASSOC</u> <u>KNOXVILLE, TN 37950</u> City State ZIP Code | Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u> | \$338.00 |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 4.2 | COMENITY Nonpriority Creditor's Name <u>PO BOX 183043</u> Number Street <u>BANKRUPTCY DEPARTMENT</u> <u>COLUMBUS, OH 43218</u> City State ZIP Code | Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u> | \$1,239.00 |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Debtor 1 Tyna Frances Williams Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

| After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. | | | | Total claim |
|--|---|--|--|--|
| 4.3 | CONTRACT CALLERS, INC. Nonpriority Creditor's Name <u>501 GREENE ST STE 302</u> Number Street <u>AUGUSTA, GA 30901-4415</u> City State ZIP Code | Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | \$1.00 |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | | Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u> |
| Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | |
| 4.4 | DESTINY MASTER CARD Nonpriority Creditor's Name <u>PO BOX 4519</u> Number Street <u>SKOKIE, IL 60076-4519</u> City State ZIP Code | Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | \$1.00 |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | | Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u> |
| Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | |

Debtor 1 Tyna Frances Williams Case number (if known) _____
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | | | |
|--|--|--|-----------------|
| 4.5 | FEB DESTINY/GF <hr/> Nonpriority Creditor's Name <u>PO BOX 4477</u> <hr/> Number Street <u>BEAVERTON, OR 97076-4499</u> <hr/> City State ZIP Code | Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u> | \$762.00 |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 4.6 | FIRST PREMIER BANK <hr/> Nonpriority Creditor's Name <u>PO BOX 5524</u> <hr/> Number Street <u>CORRESPONDENCE</u> <hr/> <u>SIOUX FALLS, SD 57117-5524</u> <hr/> City State ZIP Code | Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u> | \$962.00 |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 4.7 | HENNEPIN COUNTY FAMILY COURT SERVICES <hr/> Nonpriority Creditor's Name <u>PO BOX 15171</u> <hr/> Number Street <u>REVENUE RECAPTURE PROGRAM</u> <hr/> <u>MINNEAPOLIS, MN 55415</u> <hr/> City State ZIP Code | Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Ticket</u> | \$200.00 |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Debtor 1 Tyna Frances Williams Case number (if known) _____
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | | | |
|-------------|---|---|------------------------|
| 4.8 | <p><u>LVNV FUNDING LLC</u> Nonpriority Creditor's Name</p> <p><u>200 MEETING ST 206</u> Number Street</p> <p><u>GREENVILLE, SC 29601</u> City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u></p> | <p><u>\$540.00</u></p> |
| 4.9 | <p><u>MHEALTH FAIRVIEW</u> Nonpriority Creditor's Name</p> <p><u>1700 UNIVERSITY AVENUE WEST</u> Number Street</p> <p><u>SAINT PAUL, MN 55104</u> City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u></p> | <p><u>\$222.00</u></p> |
| 4.10 | <p><u>MIDLAND CREDIT MANAGEMENT</u> Nonpriority Creditor's Name</p> <p><u>350 CAMINO DE LA REINA STE 100</u> Number Street</p> <p><u>SAN DIEGO, CA 92108-3007</u> City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u></p> | <p><u>\$883.00</u></p> |

Debtor 1

Tyna**Frances****Williams**

Case number (if known) _____

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | | | |
|-------------|---------------------------------|---------------------------------------|----------------|
| 4.11 | MINNESOTACARE OPERATIONS | Last 4 digits of account number _____ | <u>\$84.00</u> |
|-------------|---------------------------------|---------------------------------------|----------------|

Nonpriority Creditor's Name

PO BOX 64252

Number

Street

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ DisputedSAINT PAUL, MN 55164

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Bill

Is the claim subject to offset?

☒ No☐ Yes

| | | | |
|-------------|---------------------------|---------------------------------------|-----------------|
| 4.12 | PORTFOLIO RECOVERY | Last 4 digits of account number _____ | <u>\$454.00</u> |
|-------------|---------------------------|---------------------------------------|-----------------|

Nonpriority Creditor's Name

120 CORPORATE BLVD STE 100

Number

Street

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ DisputedNORFOLK, VA 23502-4952

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Collection Agency

Is the claim subject to offset?

☒ No☐ Yes

| | | | |
|-------------|---|---------------------------------------|-----------------|
| 4.13 | PREMIER BANKCARD / FIRST PREMIER | Last 4 digits of account number _____ | <u>\$532.00</u> |
|-------------|---|---------------------------------------|-----------------|

Nonpriority Creditor's Name

500 S MINNESOTA AVE

Number

Street

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ DisputedSIOUX FALLS, SD 57104-6818

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Consumer Debt

Is the claim subject to offset?

☒ No☐ Yes

Debtor 1

TynaFrancesWilliams

Case number (if known) _____

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim4.14 QUANTUM3 GROUP LLC Last 4 digits of account number _____ \$145.00

Nonpriority Creditor's Name

12006 98TH AVE NE STE 200

Number

Street

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ DisputedKIRKLAND, WA 98034-4218

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Consumer Debt

Is the claim subject to offset?

☒ No☐ Yes4.15 REVVI/MRV BANKS/VT Last 4 digits of account number _____ \$1.00

Nonpriority Creditor's Name

PO BOX 85800

Number

Street

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ DisputedSIOUX FALLS, SD 57118-5800

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Consumer Debt

Is the claim subject to offset?

☒ No☐ Yes4.16 SANTANDER CHRYSLER CAP Last 4 digits of account number _____ \$7,641.00

Nonpriority Creditor's Name

PO BOX 961212

Number

Street

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ DisputedFORT WORTH, TX 76161-0212

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Repossession

Is the claim subject to offset?

☒ No☐ Yes

Debtor 1 Tyna Frances Williams Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

| After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. | | | | Total claim |
|---|---|--|-------------------|-------------|
| 4.17 | SELF/ATLANTIC CAPITAL Nonpriority Creditor's Name <u>945 E PACES FERRY RD NE STE 1600</u> Number Street <u>ATLANTA, GA 30326-1362</u> City State ZIP Code | Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$712.00 | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt </div> <div style="width: 55%;"> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u> </div> </div> | | | | |
| Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | |
| 4.18 | US DEPARTMENT OF EDUCATION Nonpriority Creditor's Name <u>PO BOX 16448</u> Number Street <u>SAINT PAUL, MN 55116-0448</u> City State ZIP Code | Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$2,281.00 | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt </div> <div style="width: 55%;"> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Student Loans</u> </div> </div> | | | | |
| Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | |

Debtor 1 Tyna Frances Williams Case number (if known) _____
First Name Middle Name Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| | |
|--|--|
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">1.</div> SANTANDER CONSUMER USA | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name _____ | |
| PO BOX 560284 _____ | Line <u>4.16</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims |
| Number _____ Street _____ | <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |
| ATTN BANKRUPTCY DEPT DALLAS _____ | Last 4 digits of account number _____ |
| TX 75356-0284 _____ | |
| City _____ State _____ ZIP Code _____ | |

Debtor 1

Tyna**Frances****Williams**

Case number (if known) _____

First Name

Middle Name

Last Name

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | | Total claim |
|--------------------------|-----|---|-------------------------|
| Total claims from Part 1 | 6a. | Domestic support obligations | 6a. <u>\$0.00</u> |
| | 6b. | Taxes and certain other debts you owe the government | 6b. <u>\$4,301.00</u> |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. <u>\$0.00</u> |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. + <u>\$2,988.00</u> |
| | 6e. | Total. Add lines 6a through 6d. | 6e. <u>\$7,289.00</u> |

| | | | Total claim |
|--------------------------|-----|---|--------------------------|
| Total claims from Part 2 | 6f. | Student loans | 6f. <u>\$0.00</u> |
| | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. <u>\$0.00</u> |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. <u>\$0.00</u> |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. + <u>\$16,998.00</u> |
| | 6j. | Total. Add lines 6f through 6i. | 6j. <u>\$16,998.00</u> |

Fill in this information to identify your case:

| | | | |
|---|------------------------------|----------------|-----------------|
| Debtor 1 | <u>Tyna</u> | <u>Frances</u> | <u>Williams</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | _____ | _____ | _____ |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>District of Minnesota</u> | | |
| Case number (if known) | _____ | | |

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or company with whom you have the contract or lease | State what the contract or lease is for |
|-----|---|---|
| 2.1 | <u>Sherman Associates</u> Name <u>233 Park Ave Ste 201</u> Number Street <u>Minneapolis, MN 55415-1132</u> City State ZIP Code | Residential Lease Contract to be ASSUMED |
| 2.2 | _____ Name _____ Number Street _____ City State ZIP Code | |
| 2.3 | _____ Name _____ Number Street _____ City State ZIP Code | |
| 2.4 | _____ Name _____ Number Street _____ City State ZIP Code | |

Fill in this information to identify your case:

| | | | |
|---|------------------------------|----------------|-----------------|
| Debtor 1 | <u>Tyna</u> | <u>Frances</u> | <u>Williams</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | _____ | _____ | _____ |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>District of Minnesota</u> | | |
| Case number (if known) | _____ | | |

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

- Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)
☒ No
☐ Yes
- Within the last 8 years, have you lived in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)
☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
☐ No
☐ Yes. In which community state or territory did you live? _____. Fill in the name and current address of that person.

Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____
- In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

| | |
|--------|----------------------------------|
| Name | _____ |
| Number | _____ Street _____ |
| City | _____ State _____ ZIP Code _____ |

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1 Tyna Frances Williams
 First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) _____
 First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Minnesota

Case number _____
 (if known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

 MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

Debtor 2 or non-filing spouse

☐ Employed ☒ Not Employed

☐ Employed ☐ Not Employed

Number Street

Number Street

City State Zip Code

City State Zip Code

How long employed there? _____

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or non-filing spouse

2. **List monthly gross wages, salary, and commissions** (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.

2. \$0.00

\$0.00

3. **Estimate and list monthly overtime pay.**

3. + \$0.00

+ \$0.00

4. **Calculate gross income.** Add line 2 + line 3.

4. \$0.00

\$0.00

Debtor 1

Tyna**Frances****Williams**

First Name

Middle Name

Last Name

Case number (if known)

| | | For Debtor 1 | For Debtor 2 or non-filing spouse |
|---|-------|--------------|-----------------------------------|
| Copy line 4 here.....→ | 4. | \$0.00 | \$0.00 |
| 5. List all payroll deductions: | | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. | \$0.00 | \$0.00 |
| 5b. Mandatory contributions for retirement plans | 5b. | \$0.00 | \$0.00 |
| 5c. Voluntary contributions for retirement plans | 5c. | \$0.00 | \$0.00 |
| 5d. Required repayments of retirement fund loans | 5d. | \$0.00 | \$0.00 |
| 5e. Insurance | 5e. | \$0.00 | \$0.00 |
| 5f. Domestic support obligations | 5f. | \$0.00 | \$0.00 |
| 5g. Union dues | 5g. | \$0.00 | \$0.00 |
| 5h. Other deductions. Specify: _____ | 5h. + | \$0.00 | \$0.00 |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. | 6. | \$0.00 | \$0.00 |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$0.00 | \$0.00 |
| 8. List all other income regularly received: | | | |
| 8a. Net income from rental property and from operating a business, profession, or farm | | | |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$0.00 | \$0.00 |
| 8b. Interest and dividends | 8b. | \$0.00 | \$0.00 |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive | | | |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$62.00 | \$0.00 |
| 8d. Unemployment compensation | 8d. | \$1,108.00 | \$0.00 |
| 8e. Social Security | 8e. | \$0.00 | \$0.00 |
| 8f. Other government assistance that you regularly receive | | | |
| Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | 8f. | \$209.00 | \$0.00 |
| Specify: <u>Food Support Other Government Assistance</u> | 8f. | \$209.00 | \$0.00 |
| 8g. Pension or retirement income | 8g. | \$0.00 | \$0.00 |
| 8h. Other monthly income. Specify: <u>Contributions for adult son and daughter-Income from All Other Sources</u> | 8h. + | \$0.00 | \$0.00 |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. | 9. | \$1,379.00 | \$0.00 |
| 10. Calculate monthly income. Add line 7 + line 9. | | | |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse | 10. | \$1,379.00 | \$0.00 |
| 11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . | | | |
| Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. | | | |
| Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . | | | |
| Specify: <u>Contributions to Household Expenses-Debtor receives help from son and daughter</u> | 11. + | \$150.00 | |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies | 12. | \$1,529.00 | |
| | | | Combined monthly income |
| 13. Do you expect an increase or decrease within the year after you file this form? | | | |
| <input type="checkbox"/> No. | | | |
| <input checked="" type="checkbox"/> Yes. Explain: | | | |
| Debtor currently receives unemployment, food support and monthly help from son and daughter. Listed in schedule I. Debtor no longer working at Atrio Home Healthcare, ended in April 2023. Debtor lives in section 8 housing, rent listed is debtor's share. Debtor is owed \$62 per month for child support when debtor's ex is working. Listed in schedule I. | | | |

Fill in this information to identify your case:

| | | | |
|---|------------------------------|----------------|-----------------|
| Debtor 1 | <u>Tyna</u> | <u>Frances</u> | <u>Williams</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | _____ | _____ | _____ |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>District of Minnesota</u> | | |
| Case number (if known) | _____ | | |

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☒ No
- ☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

| | | |
|-------|-------|--|
| _____ | _____ | <input type="checkbox"/> No. <input type="checkbox"/> Yes. |
| _____ | _____ | <input type="checkbox"/> No. <input type="checkbox"/> Yes. |
| _____ | _____ | <input type="checkbox"/> No. <input type="checkbox"/> Yes. |
| _____ | _____ | <input type="checkbox"/> No. <input type="checkbox"/> Yes. |
| _____ | _____ | <input type="checkbox"/> No. <input type="checkbox"/> Yes. |

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. _____ \$75.00

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. _____ \$0.00

4b. _____ \$0.00

4c. _____ \$0.00

4d. _____ \$0.00

Debtor 1 Tyna Frances Williams
First Name Middle Name Last Name

Case number (if known) _____

| | | Your expenses |
|------|---|---------------------|
| 5. | Additional mortgage payments for your residence , such as home equity loans | 5. <u>\$0.00</u> |
| 6. | Utilities: | |
| 6a. | Electricity, heat, natural gas | 6a. <u>\$80.00</u> |
| 6b. | Water, sewer, garbage collection | 6b. <u>\$0.00</u> |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. <u>\$0.00</u> |
| 6d. | Other. Specify: <u>cell phone</u> | 6d. <u>\$77.00</u> |
| 7. | Food and housekeeping supplies | 7. <u>\$465.00</u> |
| 8. | Childcare and children's education costs | 8. <u>\$0.00</u> |
| 9. | Clothing, laundry, and dry cleaning | 9. <u>\$62.00</u> |
| 10. | Personal care products and services | 10. <u>\$85.00</u> |
| 11. | Medical and dental expenses | 11. <u>\$60.00</u> |
| 12. | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. <u>\$250.00</u> |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. <u>\$90.00</u> |
| 14. | Charitable contributions and religious donations | 14. <u>\$0.00</u> |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | |
| 15a. | Life insurance | 15a. <u>\$0.00</u> |
| 15b. | Health insurance | 15b. <u>\$0.00</u> |
| 15c. | Vehicle insurance | 15c. <u>\$0.00</u> |
| 15d. | Other insurance. Specify: _____ | 15d. <u>\$0.00</u> |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____ | 16. <u>\$0.00</u> |
| 17. | Installment or lease payments: | |
| 17a. | Car payments for Vehicle 1 | 17a. <u>\$0.00</u> |
| 17b. | Car payments for Vehicle 2 | 17b. <u>\$0.00</u> |
| 17c. | Other. Specify: _____ | 17c. <u>\$0.00</u> |
| 17d. | Other. Specify: _____ | 17d. <u>\$0.00</u> |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). | 18. <u>\$0.00</u> |
| 19. | Other payments you make to support others who do not live with you. Specify: _____ | 19. <u>\$0.00</u> |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i>. | |
| 20a. | Mortgages on other property | 20a. <u>\$0.00</u> |
| 20b. | Real estate taxes | 20b. <u>\$0.00</u> |
| 20c. | Property, homeowner's, or renter's insurance | 20c. <u>\$0.00</u> |
| 20d. | Maintenance, repair, and upkeep expenses | 20d. <u>\$0.00</u> |
| 20e. | Homeowner's association or condominium dues | 20e. <u>\$0.00</u> |

Debtor 1 Tyna Frances Williams
First Name Middle Name Last Name

Case number (if known) _____

21. **Other.** Specify: _____

21. + \$0.00

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \$1,244.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$1,244.00

23. **Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from *Schedule I*.

23a. \$1,529.00

23b. Copy your monthly expenses from line 22c above.

23b. - \$1,244.00

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. \$285.00

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

None

Fill in this information to identify your case:

| | | | |
|---|------------------------------|----------------|-----------------|
| Debtor 1 | <u>Tyna</u> | <u>Frances</u> | <u>Williams</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | _____ | _____ | _____ |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>District of Minnesota</u> | | |
| Case number (if known) | _____ | | |

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets
Value of what you own

1. **Schedule A/B: Property** (Official Form 106A/B)

| | |
|---|--|
| 1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> | _____ \$0.00 |
| 1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> | _____ \$6,987.00 |
| 1c. Copy line 63, Total of all property on <i>Schedule A/B</i> | <div style="border: 1px solid black; padding: 2px;">_____ \$6,987.00</div> |

Part 2: Summarize Your Liabilities

Your liabilities
Amount you owe

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)

| | |
|---|--------------|
| 2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> | _____ \$0.00 |
|---|--------------|

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 106E/F)

| | |
|--|---------------------|
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> | _____ \$7,289.00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> | + _____ \$16,998.00 |

Your total liabilities

_____ \$24,287.00

Part 3: Summarize Your Income and Expenses

4. **Schedule I: Your Income** (Official Form 106I)

| | |
|---|------------------|
| Copy your combined monthly income from line 12 of <i>Schedule I</i> | _____ \$1,529.00 |
|---|------------------|

5. **Schedule J: Your Expenses** (Official Form 106J)

| | |
|---|------------------|
| Copy your monthly expenses from line 22c of <i>Schedule J</i> | _____ \$1,244.00 |
|---|------------------|

Debtor 1 Tyna Frances Williams Case number (if known) _____
 First Name Middle Name Last Name

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$1,181.66

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim

From Part 4 on Schedule E/F, copy the following:

| | |
|--|------------------------|
| 9a. Domestic support obligations (Copy line 6a.) | <u>\$0.00</u> |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | <u>\$4,301.00</u> |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | <u>\$0.00</u> |
| 9d. Student loans. (Copy line 6f.) | <u>\$0.00</u> |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | <u>\$0.00</u> |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + <u>\$0.00</u> |
| 9g. Total. Add lines 9a through 9f. | <u>\$4,301.00</u> |

Fill in this information to identify your case:

| | | | |
|---|------------------------------|----------------|-----------------|
| Debtor 1 | <u>Tyna</u> | <u>Frances</u> | <u>Williams</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | _____ | _____ | _____ |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>District of Minnesota</u> | | |
| Case number (if known) | _____ | | |

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)*.

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X s/ Tyna Frances Williams
Tyna Frances Williams, Debtor 1

Date 10/17/2023
MM/ DD/ YYYY

Fill in this information to identify your case:

| | | | |
|---|------------------------------|----------------|-----------------|
| Debtor 1 | <u>Tyna</u> | <u>Frances</u> | <u>Williams</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | _____ | _____ | _____ |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>District of Minnesota</u> | | |
| Case number (if known) | _____ | | |

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☐ Married
- ☒ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
- ☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

| Debtor 1: | Dates Debtor 1 lived there | Debtor 2: | Dates Debtor 2 lived there |
|---|----------------------------|---|----------------------------|
| <input type="checkbox"/> Same as Debtor 1 | | <input type="checkbox"/> Same as Debtor 1 | |
| _____ Number Street | From _____ To _____ | _____ Number Street | From _____ To _____ |
| _____ City State ZIP Code | | _____ City State ZIP Code | |
| <input type="checkbox"/> Same as Debtor 1 | | <input type="checkbox"/> Same as Debtor 1 | |
| _____ Number Street | From _____ To _____ | _____ Number Street | From _____ To _____ |
| _____ City State ZIP Code | | _____ City State ZIP Code | |

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
- ☐ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Debtor 1 **Tyna Frances Williams**
First Name Middle Name Last Name

Case number (if known) _____

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No

☒ Yes. Fill in the details.

| | Debtor 1 | Debtor 2 |
|---|--|---|
| | Sources of income Check all that apply. | Sources of income Check all that apply. |
| | Gross Income (before deductions and exclusions) | Gross Income (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business |
| | \$5,200.00 | |
| For last calendar year: (January 1 to December 31, <u>2022</u>) YYYY | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business |
| | \$26,138.00 | |
| For the calendar year before that: (January 1 to December 31, <u>2021</u>) YYYY | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business |
| | \$12,654.00 | |

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

☐ No

☒ Yes. Fill in the details.

| | Debtor 1 | Debtor 2 |
|---|---|---|
| | Sources of income Describe below. | Sources of income Describe below. |
| | Gross income from each source (before deductions and exclusions) | Gross Income from each source (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | Unemployment | |
| | | |
| | | |
| For last calendar year: (January 1 to December 31, <u>2022</u>) YYYY | | |
| | | |
| | | |
| For the calendar year before that: (January 1 to December 31, <u>2021</u>) YYYY | | |
| | | |
| | | |

Debtor 1 **Tyna Frances Williams**
First Name Middle Name Last Name

Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☒ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| | Dates of payment | Total amount paid | Amount you still owe | Was this payment for... |
|---------------------|------------------|-------------------|----------------------|---|
| Creditor's Name | | | | <input type="checkbox"/> Mortgage |
| Number Street | | | | <input type="checkbox"/> Car |
| | | | | <input type="checkbox"/> Credit card |
| | | | | <input type="checkbox"/> Loan repayment |
| | | | | <input type="checkbox"/> Suppliers or vendors |
| City State ZIP Code | | | | <input type="checkbox"/> Other _____ |

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No

☐ Yes. List all payments to an insider.

| | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|---------------------|------------------|-------------------|----------------------|-------------------------|
| Insider's Name | | | | |
| Number Street | | | | |
| | | | | |
| City State ZIP Code | | | | |

Debtor 1 **Tyna** **Frances** **Williams** Case number (if known) _____
 First Name Middle Name Last Name

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?
 Include payments on debts guaranteed or cosigned by an insider.

☒ No

☐ Yes. List all payments that benefited an insider.

| | | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
|----------------|--------|------------------|-------------------|----------------------|--|
| Insider's Name | | | | | |
| Number | Street | | | | |
| | | | | | |
| City | State | ZIP Code | | | |

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☒ No

☐ Yes. Fill in the details.

| | Nature of the case | Court or agency | Status of the case |
|-------------|--------------------|---------------------|------------------------------------|
| Case title | | | <input type="checkbox"/> Pending |
| | | Court Name | <input type="checkbox"/> On appeal |
| Case number | | Number Street | <input type="checkbox"/> Concluded |
| | | City State ZIP Code | |

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

☒ No. Go to line 11.

☐ Yes. Fill in the information below.

| Describe the property | Date | Value of the property |
|---|------|-----------------------|
| Creditor's Name | | |
| Number Street | | |
| City State ZIP Code | | |
| Explain what happened <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied. | | |

Debtor 1 **Tyna** **Frances** **Williams** Case number (if known) _____
 First Name Middle Name Last Name

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details.

| Creditor's Name | Describe the action the creditor took | Date action was taken | Amount |
|---------------------|---------------------------------------|-----------------------|--------|
| Number Street | | | |
| City State ZIP Code | | | |

Last 4 digits of account number: XXXX- _ _ _ _

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
|--|--------------------|--------------------------|-------|
| Person to Whom You Gave the Gift | | | |
| Number Street | | | |
| City State ZIP Code | | | |
| Person's relationship to you | | | |

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
☐ Yes. Fill in the details for each gift or contribution.

| Gifts or contributions to charities that total more than \$600 | Describe what you contributed | Date you contributed | Value |
|--|-------------------------------|----------------------|-------|
| Charity's Name | | | |
| Number Street | | | |
| City State ZIP Code | | | |

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No

☐ Yes. Fill in the details.

| Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> . | Date of your loss | Value of property lost |
|--|---|-------------------|------------------------|
| | | | |

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No

☒ Yes. Fill in the details.

| Description and value of any property transferred | | Date payment or transfer was made | Amount of payment |
|--|----------------|-----------------------------------|-------------------|
| <div>Walker & Walker Law Offices, PLLC</div> <div>Person Who Was Paid</div> <div>4356 Nicollet Ave</div> <div>Number Street</div> <div></div> <div>Minneapolis, MN 55409</div> <div>City State ZIP Code</div> <div>contacts@bankruptcytruth.com</div> <div>Email or website address</div> <div></div> <div>Person Who Made the Payment, if Not You</div> | Attorney's Fee | 10/17/2023 | \$12.00 |

Debtor 1 **Tyna** **Frances** **Williams** Case number (if known) _____
 First Name Middle Name Last Name

MN Bankruptcy Court

Person Who Was Paid

Number Street

City State ZIP Code

Email or website address

Person Who Made the Payment, if Not You

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

\$313.00

Credit Counseling

Person Who Was Paid

Number Street

City State ZIP Code

Email or website address

Person Who Made the Payment, if Not You

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

\$15.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

☒ No

☐ Yes. Fill in the details.

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

Person Who Was Paid

Number Street

City State ZIP Code

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

☒ No

☐ Yes. Fill in the details.

Debtor 1 **Tyna** **Frances** **Williams** Case number (if known) _____
 First Name Middle Name Last Name

| Description and value of property transferred | | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|---|--|--|------------------------|
| Person Who Received Transfer | | | |
| Number Street | | | |
| City State ZIP Code | | | |
| Person's relationship to you _____ | | | |

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?
 (These are often called *asset-protection devices*.)

- ☒ No
- ☐ Yes. Fill in the details.

| Description and value of the property transferred | Date transfer was made |
|---|------------------------|
| Name of trust _____ | |
| _____ | |

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☐ No
- ☒ Yes. Fill in the details.

| Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|---------------------------------|---|--|---|
| Chase Bank | <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____ | Dec. 2022 | \$0.00 |
| Name of Financial Institution | | | |
| Number Street | | | |
| City State ZIP Code | | | |
| | | | |

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
- ☐ Yes. Fill in the details.

Debtor 1 **Tyna** **Frances** **Williams** Case number (if known) _____
 First Name Middle Name Last Name

| Who else had access to it? | | Describe the contents | Do you still have it? |
|---|--|---|---|
| Name of Financial Institution _____ Number Street _____ City State ZIP Code | | <div style="border: 1px solid black; height: 100px;"></div> | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Name _____ Number Street _____ City State ZIP Code | | | |

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No
- ☐ Yes. Fill in the details.

| Who else has or had access to it? | | Describe the contents | Do you still have it? |
|--|--|---|---|
| Name of Storage Facility _____ Number Street _____ City State ZIP Code | | <div style="border: 1px solid black; height: 100px;"></div> | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Name _____ Number Street _____ City State ZIP Code | | | |

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No
- ☐ Yes. Fill in the details.

| Where is the property? | Describe the property | Value |
|--|---|-------|
| Owner's Name _____ Number Street _____ City State ZIP Code | <div style="border: 1px solid black; height: 100px;"></div> | _____ |
| Name _____ Number Street _____ City State ZIP Code | | |

Debtor 1 **Tyna** **Frances** **Williams**
 First Name Middle Name Last Name

Case number (if known) _____

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

☒ No

☐ Yes. Fill in the details.

| Governmental unit | | Environmental law, if you know it | Date of notice |
|---|--|---|----------------------------------|
| Name of site _____ Governmental unit _____ Number Street _____ City State ZIP Code _____ City State ZIP Code _____ | | <div style="border: 1px solid black; height: 50px; width: 100%;"></div> | _____ _____ _____ _____ |

25. Have you notified any governmental unit of any release of hazardous material?

☒ No

☐ Yes. Fill in the details.

| Governmental unit | | Environmental law, if you know it | Date of notice |
|---|--|---|----------------------------------|
| Name of site _____ Governmental unit _____ Number Street _____ City State ZIP Code _____ City State ZIP Code _____ | | <div style="border: 1px solid black; height: 50px; width: 100%;"></div> | _____ _____ _____ _____ |

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No

☐ Yes. Fill in the details.

| | | | | |
|----------|-------------|----------------|-----------------|------------------------------|
| Debtor 1 | Tyna | Frances | Williams | Case number (if known) _____ |
| | First Name | Middle Name | Last Name | |

| | | | |
|-------------------|---------------------------------------|---------------------------|------------------------------------|
| | Court or agency | Nature of the case | Status of the case |
| Case title _____ | Court Name _____ | | <input type="checkbox"/> Pending |
| _____ | Number _____ Street _____ | | <input type="checkbox"/> On appeal |
| Case number _____ | City _____ State _____ ZIP Code _____ | | <input type="checkbox"/> Concluded |

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation
- ☒ No. None of the above applies. Go to Part 12.
- ☐ Yes. Check all that apply above and fill in the details below for each business.

| | | |
|--|--|---|
| Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
| | | EIN: _____ |
| | Name of accountant or bookkeeper | Dates business existed |
| | | From _____ To _____ |

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No
- ☐ Yes. Fill in the details below.

| | |
|---------------------------------------|----------------------|
| | Date issued |
| Name _____ | MM / DD / YYYY _____ |
| Number _____ Street _____ | |
| City _____ State _____ ZIP Code _____ | |

Debtor 1

Tyna

Frances

Williams

First Name

Middle Name

Last Name

Case number (if known) _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X s/ Tyna Frances Williams
Signature of Tyna Frances Williams, Debtor 1

Date 10/17/2023

Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

LOCAL FORM 1007-1
REVISED 06/16

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA**

In re: Williams, Tyna Frances

Case No.

Debtor(s).

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

| | |
|--|-------------------|
| For legal services, I have agreed to accept: | <u>\$3,000.00</u> |
| Prior to the filing of this statement I have received: | <u>\$12.00</u> |
| Balance Due | <u>\$2,988.00</u> |

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify) _____

3. The source of the compensation to be paid to me is:

☒ Debtor ☐ Other (specify) _____

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people or entities sharing in the compensation, is attached.

5. In return for the above-disclosed fee, together with such further fee, if any, as is provided in the written contract required by 11 U.S.C. §528(a)(1), I have agreed to render legal service for all aspects of the bankruptcy case, including:

- A. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- B. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- C. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- D. Representation of the debtor in contested bankruptcy matters; and
- E. Other services reasonably necessary to represent the debtor(s).

LOCAL FORM 1007-1
REVISED 06/16

6. Pursuant to Local Rules 1007-1 and 1007-3-1, I have advised the debtor of the requirements in the Statement of Financial Affairs to disclose all payments made, or property transferred, by or on behalf of the debtor to any person, including attorneys, for consultation concerning debt consolidation or reorganization, relief under bankruptcy law, or preparation of a petition in bankruptcy. I have reviewed the debtor's disclosures and they are accurate and complete to the best of my knowledge.

CERTIFICATION

I certify that the foregoing, together with the written contract required by 11 U.S.C. §528(a)(1), is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy case.

Date: 10/17/2023

s/ Andrew Walker
Signature of Attorney

Fill in this information to identify your case:

| | | | |
|---|------------------------------|----------------|-----------------|
| Debtor 1 | <u>Tyna</u> | <u>Frances</u> | <u>Williams</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | _____ | _____ | _____ |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>District of Minnesota</u> | | |
| Case number (if known) | _____ | | |

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- ☒ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☐ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- ☒ 3. The commitment period is 3 years.
- ☐ 4. The commitment period is 5 years.

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

1. **What is your marital and filing status?** Check one only.

☒ **Not married.** Fill out Column A, lines 2-11.

☐ **Married.** Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | | | | | | | | | | | | | |
|---|---|--|----------|----------|--|---------------|---------------|---|-----------------|-----------------|---|---------------|---------------|---|---------------------------|
| 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). | <u>\$133.33</u> | _____ | | | | | | | | | | | | | |
| 3. Alimony and maintenance payments. Do not include payments from a spouse. | <u>\$0.00</u> | _____ | | | | | | | | | | | | | |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3. | <u>\$0.00</u> | _____ | | | | | | | | | | | | | |
| 5. Net income from operating a business, profession, or farm | <table border="0"> <tr> <td></td> <td>Debtor 1</td> <td>Debtor 2</td> </tr> <tr> <td>Gross receipts (before all deductions)</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>- <u>\$0.00</u></td> <td>- <u>\$0.00</u></td> </tr> <tr> <td>Net monthly income from a business, profession, or farm</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> </table> | | Debtor 1 | Debtor 2 | Gross receipts (before all deductions) | <u>\$0.00</u> | <u>\$0.00</u> | Ordinary and necessary operating expenses | - <u>\$0.00</u> | - <u>\$0.00</u> | Net monthly income from a business, profession, or farm | <u>\$0.00</u> | <u>\$0.00</u> | <table border="0"> <tr> <td>Copy here → <u>\$0.00</u></td> </tr> </table> | Copy here → <u>\$0.00</u> |
| | Debtor 1 | Debtor 2 | | | | | | | | | | | | | |
| Gross receipts (before all deductions) | <u>\$0.00</u> | <u>\$0.00</u> | | | | | | | | | | | | | |
| Ordinary and necessary operating expenses | - <u>\$0.00</u> | - <u>\$0.00</u> | | | | | | | | | | | | | |
| Net monthly income from a business, profession, or farm | <u>\$0.00</u> | <u>\$0.00</u> | | | | | | | | | | | | | |
| Copy here → <u>\$0.00</u> | | | | | | | | | | | | | | | |
| 6. Net income from rental and other real property | <table border="0"> <tr> <td></td> <td>Debtor 1</td> <td>Debtor 2</td> </tr> <tr> <td>Gross receipts (before all deductions)</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>- <u>\$0.00</u></td> <td>- <u>\$0.00</u></td> </tr> <tr> <td>Net monthly income from rental or other real property</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> </table> | | Debtor 1 | Debtor 2 | Gross receipts (before all deductions) | <u>\$0.00</u> | <u>\$0.00</u> | Ordinary and necessary operating expenses | - <u>\$0.00</u> | - <u>\$0.00</u> | Net monthly income from rental or other real property | <u>\$0.00</u> | <u>\$0.00</u> | <table border="0"> <tr> <td>Copy here → <u>\$0.00</u></td> </tr> </table> | Copy here → <u>\$0.00</u> |
| | Debtor 1 | Debtor 2 | | | | | | | | | | | | | |
| Gross receipts (before all deductions) | <u>\$0.00</u> | <u>\$0.00</u> | | | | | | | | | | | | | |
| Ordinary and necessary operating expenses | - <u>\$0.00</u> | - <u>\$0.00</u> | | | | | | | | | | | | | |
| Net monthly income from rental or other real property | <u>\$0.00</u> | <u>\$0.00</u> | | | | | | | | | | | | | |
| Copy here → <u>\$0.00</u> | | | | | | | | | | | | | | | |

Debtor 1 Tyna Frances Williams Case number (if known) _____
 First Name Middle Name Last Name

| | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse |
|--|----------------------|--|
| 7. Interest, dividends, and royalties | \$0.00 | |
| 8. Unemployment compensation | \$923.33 | |
| Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: ↓ | | |
| For you..... | \$0.00 | |
| For your spouse..... | | |
| 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. | \$0.00 | |
| 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. | | |
| Contributions for adult son and daughter-Income from All Other Sources | \$125.00 | |
| | | |
| Total amounts from separate pages, if any. | + | + |
| | \$1,181.66 | |
| 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. | | |
| | | = \$1,181.66 |
| | | Total average monthly income |

Part 2: Determine How to Measure Your Deductions from Income

12. Copy your total average monthly income from line 11. \$1,181.66

13. Calculate the marital adjustment. Check one:

☒ You are not married. Fill in 0 below.

☐ You are married and your spouse is filing with you. Fill in 0 below.

☐ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

| | | |
|---|---------------------|------------|
| | | |
| | | |
| | | |
| | + | |
| Total..... | \$0.00 | |
| | Copy here. → | - \$0.00 |
| 14. Your current monthly income. Subtract the total in line 13 from line 12. | | \$1,181.66 |

Debtor 1 Tyna Frances Williams Case number (if known) _____
 First Name Middle Name Last Name

15. Calculate your current monthly income for the year. Follow these steps:

15a. Copy line 14 here → \$1,181.66
 Multiply line 15a by 12 (the number of months in a year). **x 12**
\$14,179.92

15b. The result is your current monthly income for the year for this part of the form..... \$14,179.92

16. Calculate the median family income that applies to you. Follow these steps:

16a. Fill in the state in which you live. Minnesota
 16b. Fill in the number of people in your household. 1
 16c. Fill in the median family income for your state and size of household. \$71,643.00
 To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?

- 17a. ☒ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3.* Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).
- 17b. ☐ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).* On line 39 of that form, copy your current monthly income from line 14 above.

Part 3: Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4)

18. Copy your total average monthly income from line 11. \$1,181.66

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a. \$0.00
 19b. **Subtract line 19a from line 18.** \$1,181.66

20. Calculate your current monthly income for the year. Follow these steps.

20a. Copy line 19b..... \$1,181.66
 Multiply by 12 (the number of months in a year). **x 12**
\$14,179.92
 20b. The result is your current monthly income for the year for this part of the form. \$14,179.92
 20c. Copy the median family income for your state and size of household from line 16c. \$71,643.00

21. How do the lines compare?

- ☒ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years.* Go to Part 4.
- ☐ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years.* Go to Part 4.

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X s/ Tyna Frances Williams
 Signature of Debtor 1

Date 10/17/2023
 MM/ DD/ YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

IN THE UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA
MINNEAPOLIS DIVISION

IN RE: **Williams, Tyna Frances**

CASE NO

CHAPTER 13

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 10/17/2023 Signature s/ Tyna Frances Williams
Tyna Frances Williams, Debtor

CEP AMERICA ILLINOIS LLP
C/O WAKEFIELD Y ASSOC
PO BOX 51272
KNOXVILLE, TN 37950

COMENITY
BANKRUPTCY DEPARTMENT
PO BOX 183043
COLUMBUS, OH 43218

CONTRACT CALLERS, INC.
501 GREENE ST STE 302
AUGUSTA, GA 30901-4415

DESTINY MASTER CARD
PO BOX 4519
SKOKIE, IL 60076-4519

FEB DESTINY/GF
PO BOX 4477
BEAVERTON, OR 97076-4499

FIRST PREMIER BANK
CORRESPONDENCE
PO BOX 5524
SIOUX FALLS, SD 57117-5524

HENNEPIN COUNTY FAMILY
COURT SERVICES
REVENUE RECAPTURE PROGRAM
PO BOX 15171
MINNEAPOLIS, MN 55415

INTERNAL REVENUE SERVICE
PO BOX 7346
PHILADELPHIA, PA 19101-7346

LANDLORD RESOURCE
NETWORK LLC
225 S 6TH ST STE 3900
MINNEAPOLIS, MN 55402-4622

LVNV FUNDING LLC
200 MEETING ST 206
GREENVILLE, SC 29601

MHEALTH FAIRVIEW
1700 UNIVERSITY AVENUE WEST
SAINT PAUL, MN 55104

MIDLAND CREDIT
MANAGEMENT
350 CAMINO DE LA REINA STE 100
SAN DIEGO, CA 92108-3007

MIDTOWN EXCHANGE
APARTMENTS
2929 CHICAGO AVE
MINNEAPOLIS, MN 55407

MINNESOTA DEPARTMENT OF
REVENUE
551 BKCY SECTION
PO BOX 64447
ST PAUL, MN 55164

MINNESOTACARE
OPERATIONS
PO BOX 64252
SAINT PAUL, MN 55164

PORTFOLIO RECOVERY
120 CORPORATE BLVD STE 100
NORFOLK, VA 23502-4952

PREMIER BANKCARD / FIRST
PREMIER
500 S MINNESOTA AVE
SIOUX FALLS, SD 57104-6818

QUANTUM3 GROUP LLC
12006 98TH AVE NE STE 200
KIRKLAND, WA 98034-4218

REVVI /MRV BANKS/VT
PO BOX 85800
SIOUX FALLS, SD 57118-5800

SANTANDER CHRYSLER CAP
PO BOX 961212
FORT WORTH, TX 76161-0212

SANTANDER CONSUMER USA
ATTN BANKRUPTCY DEPT
DALLAS
PO BOX 560284
TX 75356-0284

SELF/ATLANTIC CAPITAL
945 E PACES FERRY RD NE STE 1600
ATLANTA, GA 30326-1362

SHERMAN ASSOCIATES
233 PARK AVE STE 201
MINNEAPOLIS, MN 55415-1132

UNITED STATES TRUSTEE

US DEPARTMENT OF
EDUCATION
PO BOX 16448
SAINT PAUL, MN 55116-0448

WALKER & WALKER LAW
OFFICES, PLLC
4356 NICOLLET AVE
MINNEAPOLIS, MN 55409